

20th. During our temporary absence, Dr. McDonald saw our patient to-day. She improves slowly, and from this time to the 4th November, gained a little every day, her appetite increasing, and all unpleasant symptoms disappearing.

Nov. 5th. Is now entirely convalescent; goes up and down stairs, eats solid food readily, no difficulty at all in opening the mouth. Recommended a gradual reduction of the quantity of stimulus taken, and discontinued our visits.

In the treatment of this case, our efforts were mainly directed to sustaining a *stimulant* and *sedative* action upon the nervous system, assisting materially in the accomplishment of our design, by extensive and continued vesication of the whole spine. As far as this additional case can add to the testimony already before the profession, it is unequivocally favourable to the plan of treatment pursued. That *large doses* of the "*acet. plumbi*" deserve a further trial is, to our mind, clear, and we trust its value in similar cases will be fully tested.

[Our intelligent correspondent will, no doubt, excuse us for remarking, that the removal of the splinter on the 13th of October ought not to be overlooked, as having probably been conducive to the favourable change in the condition of the patient observed on the following day; and that it may even be suspected to have largely influenced the favourable termination of the case.—EDITOR.]

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ART. V.—*Case of Gunshot Wound of the Neck, involving the Trachea, Œsophagus, the Right Internal Jugular Vein, and the Right Subclavian Artery, and terminating fatally on the fourteenth day, in consequence of the formation of an Abscess in front of the Spine.* By S. D. GROSS, M. D., Prof. of Surgery in the Medical Department of the University of Louisville.

For the report of the following case, so interesting both in a pathological and a surgical point of view, I am indebted to my talented and zealous pupil, Mr. T. G. Richardson, one of the assistant demonstrators of Anatomy in our University.

On the 14th of September, 1846, J. K., a lad, fourteen years of age, of a scrofulous constitution, the son of a merchant of this city, was wounded by the accidental discharge of a gun, upon which he was supporting himself with his right hand in the act of jumping from a fence. The principal part of the load, which consisted of large squirrel shot, was expended upon

the extremities of the fingers, the wrist, and forearm of the same side, producing a deep lacerated wound in the direction of the bend of the elbow, while the remainder entered the anterior and lateral portions of the neck at four or five different points. Three or four of the shot entered together immediately above the middle of the clavicle of the right side; one perforated the trachea; another lodged in the region of the right internal jugular vein; and a third penetrated the skin a short distance from the left border of the wind-pipe, passing about one-third around the neck in the subcutaneous cellular tissue, in which it could be distinctly felt.

The wounds were attended with little hemorrhage, and the patient soon recovered from the shock consequent upon the injury. Professor Gross removed the last phalanges of two of the fingers, directed cold water to be applied to the wounds of the wrist and forearm, and enjoined a strict observance of the antiphlogistic regimen.

The next day there was some traumatic fever, with slight emphysema around the opening in the trachea, some difficulty in swallowing and expectoration, and an increased secretion from the air-passages. A gentle laxative was prescribed, and the cold water dressing continued.

For a time everything went on favourably; the wounds in the neck healed without any application, the sore in the forearm became covered with healthy granulations, and the general health seemed to be perfect. Suddenly, however, on the 27th of Sept.—thirteen days after the accident—and without any premonitory symptoms, the patient was seized with a protracted epileptic convulsion, chiefly affecting the left side, and died the following day without any return of consciousness.

*Autopsy.*—The shot that had perforated the trachea was found to have passed also through the œsophagus, and to be imbedded in the fibro-cartilage between the third and fourth cervical vertebra. The œsophagus at this point was separated from the spine by an abscess, extending from the second to the seventh cervical vertebra, and containing about three-fourths of an ounce of scrofulous pus. The openings made in the wind-pipe, and the anterior wall of the gullet, were closed, but the one in the posterior wall of the latter tube was still patent, and communicated with the cavity of the abscess, without, however, permitting any escape of its contents. The parts around the purulent depot were indurated by a copious effusion of lymph, which, on the left side, intimately glued together the common carotid artery and jugular vein, the pneumogastric and sympathetic nerves, and with the descending branch of the ninth pair.

One of the shot which entered above the clavicle of the right side had perforated the subclavian artery, and lodged in the first rib. The calibre of the vessel was perfectly pervious, and the openings in its walls were beautifully closed by a small clot extending around the outside of the tube. Upon removing this clot, which was the only effused blood in the neighbourhood, the margins appeared as if the wound had just been inflicted. No marks of inflammation of the artery were observed. The remainder

of the shot that entered at this point were found upon the same rib, on the outside of the brachial plexus of nerves, completely encysted.

The shot that entered the region of the right jugular and carotid, had perforated the anterior wall of the former vessel, and lodged on the inner surface of the opposite wall, where it had become completely encysted. The vein bore no evidence of inflammation; its cavity, however, was somewhat diminished by the projecting cyst; the opening in front was perfectly closed; and there was no external or internal clot.

No morbid appearances were discovered in the brain or spinal cord, except a little serum in the lateral ventricles of the former.

*Louisville, Dec. 13, 1847.*

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ART. VI.—*Ligature of both Primitive Carotids.* By GEORGE C. BLACKMAN, M. D., Fellow of the Royal Medical and Chirurgical Society of London.

My object in the following report, is to add another to the list of successful cases of ligature of both carotids. The *principle* involved in the operation, and the *final result* of the case, whether favourable or unfavourable, will form the subject of a future communication.

On the 24th of August last, I tied the right primitive carotid artery, on a son of Mr. Gideon Birdsall of Plattekill, who was about fifteen years of age. The circumstances which gave rise to this operation were as follows: Some two years before, a surgeon had attempted to remove what was supposed to have been a polypus from the right nostril. In this attempt he was but partially successful, and the failure was attributed to the restlessness of the patient, &c. &c. But there is reason to believe, from facts subsequently developed, that the fleshy growth proceeded originally from the right maxillary sinus, instead of from the nose itself. This firm vascular mass continued to increase in size, and so to encroach upon the left nostril as to prevent the patient from breathing through either nasal aperture. It was subject to frequent attacks of bleeding, and the boy's health was rapidly failing. In this condition he consulted one of the oldest and first surgeons in New York, who made another attempt to remove the fungous growth which protruded from the nose, but was obliged to desist in consequence of the excessive hemorrhage to which it gave rise. This surgeon dismissed the patient with the advice never to submit to another effort of the kind; but if he suffered anything more to be done, to have a ligature placed upon the carotid artery of that side, for the purpose of arresting the growth of the tumour and prolonging his life. As the parents of the boy resided in the vicinity of Newburgh, they called upon me to perform the operation. During the interval which passed from the time he left New York, (in May,) till the period when he came under my care (in August), the disease had become much more extensive than it was at the time this last effort at its extirpation had been made. The right cheek